



Medical Review Institute of America, Inc.
America's External Review Network

DATE OF REVIEW: December 28, 2009

IRO Case #:

Description of the services in dispute:

Epidural Steroid Injection Transforaminal, thoracic, left, one level: T7,8; fluoroscopically guided; conscious sedation (CPT codes #64479.LT, #77003.26, #99144).

A description of the qualifications for each physician or other health care provider who reviewed the decision

This physician reviewer is board certified by the American Board of Anesthesiology in General Anesthesiology and in Pain Medicine as a Sub Board. This physician reviewer is a member of the American Society of Anesthesiologist, American Society of Regional Anesthesia, and American Medical Association. This physician has been in active practice since 1992.

Review Outcome

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

Upheld.

The request for an epidural steroid injection transforaminal, thoracic, left, one level: T7,8; fluoroscopically guided; conscious sedation (CPT codes #64479.LT, #77003.26, #99144) is not recommended as medically necessary.

Information provided to the IRO for review

Records Received from State

Confirmation of Receipt of a Request for a Review by an Independent Review Organization (IRO) - 7 pages

Letter dated 12/15/09 - 1 page

- Utilization Review Determination 11/20/09 - 2 pages

- Utilization Review Determination 12/7/09 - 2 pages

Notice to Utilization Review Agent of Assignment of Independent Review Organization 12/16/09 - 1 page

American Pain and Wellness, Precertification Communication Appeal 11/16/09 - 1 page

Follow-up visit 11/11/09 - 1 page

Records Received from Law Office

- Reconsideration/Appeal of Adverse Determination 12/8/09 – 2 pages
Physical Therapy S.O.A.P notes 10/16/09 – 1 page
Physical Therapy S.O.A.P notes 10/15/09 – 1 page
Physical Therapy Initial Evaluation 10/1/09 – 2 pages
Consultation note dated 9/30/09 – 1 page
Physical Therapy Evaluation and Treatment Referral 9/30/09 – 1 page
MRI Thoracic Spine without contrast 9/25/09 – 2 pages
Follow up visit 9/23/09 – 1 page
Interventional Procedure Documentation 9/17/09 – 1 page
Consultation note dated 9/2/09 – 1 page
Follow up visit 8/5/9 – 1 page
MRI lumbar spine 7/30/09 – 2 pages
Follow up visit 7/29/09 – 2 pages

Patient clinical history [summary]

The patient is a male whose date of injury is xx/xx/xx. On this date the patient fell while working. The patient was taken to the emergency room and provided Celebrex, Flexeril, Norco and Ultram ER. Lumbar x-rays reportedly revealed well maintained disc height throughout, no spondylolisthesis and no fractures or dislocations. MRI of the lumbar spine dated 07/30/09 revealed multilevel disc desiccation indicating intervertebral disc degeneration with disc displacement; generally low marrow signal, which is nonspecific and could relate to hematopoietic redistribution such as in the setting of anemia, or other marrow proliferative or infiltrative process, recommend hematologic correlation; and broad based bulge, left side asymmetric, with a small central annular tear, leading to moderate left and very mild right neural foraminal narrowing. Physical examination on 09/02/09 revealed deep tendon reflexes 2/4. The patient subsequently underwent lumbar transforaminal epidural steroid injection at L5-S1 on 09/17/09. Follow up note dated 09/23/09 indicates that the patient reports 50% improvement following the injection, but now complains of thoracic pain radiating to the left anterior chest. MRI of the thoracic spine dated 09/25/09 revealed left sided disc protrusion at T7-8 with slight flattening of the thoracic cord; disc bulge at T5-6; right sided disc protrusion at T8-9 and no central canal stenosis. The patient was subsequently recommended to undergo physical therapy and continue medication management; however, only 3 physical therapy progress notes were submitted for review, the most recent dated 10/15/09 after completion of 3 visits of PT. A request for thoracic epidural steroid injection at T7-8 was non-certified on 11/18/09 by Dr.. Dr. noted that there is no pain documented in a radicular pattern, the patient has mid and lower back pain, there are no documented radicular findings, imaging does not show neurocompression and this is not consistent with ODG criteria. The request was again non-certified on reconsideration/appeal noting that there are no advanced imaging reports or records discussing the diagnostic findings and there are no exam findings or information regarding conservative treatment completed to date.

Analysis and explanation of the decision include clinical basis, findings and conclusions used to

support the decision.

Based on the clinical information provided, the request for an epidural steroid injection transforaminal, thoracic, left, one level: T7,8; fluoroscopically guided; conscious sedation (CPT codes #64479.LT, #77003.26, #99144) is not recommended as medically necessary. There is no current, detailed physical examination submitted for review documenting the presence of active radiculopathy. The Official Disability Guidelines support the performance of an epidural steroid injection only in the presence of radiculopathy. The submitted thoracic MRI does not document the presence of neurocompression. Additionally, there is no comprehensive assessment of conservative treatment completed to date or the patient's response thereto. The submitted records indicate that the patient was referred for 12 sessions of physical therapy; however, the submitted follow up notes indicate that the patient has only completed 3 sessions of physical therapy. Given the current clinical data, the requested epidural steroid injection is not indicated as medically necessary.

A description and the source of the screening criteria or other clinical basis used to make the decision:

ODG Treatment Integrated Treatment/Disability Duration Guidelines, Low Back Chapter, Online Version